

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE
AND
FINANCIAL REPORT**

PROFESSIONAL EMPLOYER ORGANIZATION

DOPL-AP-049 REV 03/29/02

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Please note that the address of record is public information and is available upon request and via the Internet. You may choose to use a business address or a post office box for your address of record rather than a home address.

Social Security Number: A social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

1. Submit the completed "PEO Financial Report."
2. Submit a copy of the blank contracts to be used between the PEO and the employee and between the PEO and the client company.

3. Submit a letter from the PEO's legal counsel expressing a legal opinion that the contracts as set forth in (2) above comply with the PEO Licensing Act and Rules.
4. Submit evidence of a clear criminal history obtained from the Utah Bureau of Criminal Identification for each officer, director, responsible manager, or person who has signatory authority over fiduciary funds or persons who have control of or a controlling interest in the PEO.
5. Submit a \$2,000.00 non-refundable application processing fee.

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as a professional employer organization.

The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ☐ Division of Occupational and Professional Licensing Act
- ☐ General Rules of the Division of Occupational and Professional Licensing
- ☐ Professional Employer Organization Licensing Act
- ☐ Professional Employer Organization Licensing Act Rules

You may also purchase the law and rules for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

2. **License Renewal – Annual Report:** All professional employer organization licenses expire September 30 of each year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all PEO licenses expire as a group on the same day every year. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full year.

Additionally, the fee paid with this application for licensure is an application processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately three months prior to the expiration date shown on the license. Therefore, you are required to notify the Division of any change of address within 10 days after the change.

As a condition of renewal of the license, you must submit an annual financial report. Complete and submit the enclosed “PEO Financial Report” approximately 6 weeks prior to the September 30 expiration date.

3. **Quarterly Report of Financial Report:** In addition to the annual report, each PEO must show evidence of payment of taxes and related obligation as shown in the attached financial report. Complete and submit the enclosed “PEO Financial Report” form for each quarter by the date indicated.
4. **Sale, transfer, or the entering into contracts for future payments as set forth in 58-59-502(4) – Written approval required:** Sale, transfer, or the entering into contracts for future payments as set forth in 58-59-502(4), requires prior written approval from the Division. Complete and submit the enclosed “PEO Financial Report” to obtain written approval.
5. **Change in ownership or change in officers, directors, responsible managers, persons who have authority over fiduciary funds or persons who have control of or a controlling interest in the PEO – Reporting Required:** A change in ownership or change in officers, directors, responsible managers, or persons who have signatory authority over fiduciary funds or persons who have control of or a controlling interest in the PEO, requires reporting the change to the Division within 10 working days after the change. In addition to reporting the change, each new officer, director, responsible manager, or persons who have signatory authority over fiduciary funds or persons who have a control of or a controlling interest in the PEO must document that he/she meets the licensure requirements. Complete and submit the following enclosed form/s as needed.
 - (1) Each new responsible manager (which could include officers, owners, etc.) shall document that he/she meets the education and experience requirements for licensure. Complete and submit the enclosed form entitled “Education and Experience of Responsible Managers.”
 - (2) Each new officer, director, responsible manager, persons who have authority over fiduciary funds or persons who have control of or a controlling interest in the PEO must submit evidence of a clear criminal history. Complete and submit the following enclosed forms for each new officer, director, responsible manager, or persons who have authority over fiduciary funds or persons who have control of or a controlling interest in the PEO:
 - (1) “Qualifying Personnel” form
 - (2) “Qualifying Questionnaire” form
 - (3) “Affidavit and Release Authorization” form

6. **Change in address of owners or officers or change in business address:** Change in the address of owners or officers or change in principle business address requires notification to the Division within 10 days after the change.
7. **Criminal History Background:** Obtain from the Utah Bureau of Criminal Identification “BCI” evidence of a clear criminal history on each officer, director, responsible manager, or persons who have signatory authority over fiduciary funds or persons who have control of or a controlling interest in the PEO. Contact the Utah Bureau of Criminal Identification at 801-965-4445 or at 3888 W. 5400 S. Box 148280, Salt Lake City, Utah 84114-8280.
8. **Payments:** Make licensure fees payable to “DOPL.”
9. **Mail Complete Application to:**
 - By U.S. Mail**
Division of Occupational & Professional Licensing
P. O. Box 146741
Salt Lake City, Utah 84114-6741
 - By Delivery or Express Mail**
Division of Occupational & Professional Licensing
160 East 300 South, 4th Floor
Salt Lake City, Utah 84114-6741
10. **Telephone Numbers:**
(801) 530-6628
(801) 530-6396
(801) 530-6727

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675
11. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

The business legal name is the name which will appear on the license and is the actual name under which the PEO will be conducted. If the applicant for licensure is a business entity, this is normally the name registered with the Utah Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation dba XYZ Professional Employer Organization. If you are going to operate under your own personal given name, this will also be your business name.

APPLICATION FOR: _____

BUSINESS LEGAL NAME: _____

FEDERAL TAX ID NUMBER: _____

CONTACT PERSON FOR LICENSING PURPOSES:

Name: _____ Telephone: _____

PUBLIC MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date license/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

QUALIFYING PERSONNEL:

Provide the name of EACH owner, officer, director, responsible manager, and person having signatory authority over fiduciary funds and persons who have control of or a controlling interest in the PEO. Make additional copies of this form as needed.

Full Name: _____

Position / Title: _____

Mailing Address: _____

Telephone Number: _____

Driver's License Number / State: _____

Social Security Number: _____

Date of Birth: _____ Male / Female: _____

Formerly Used Last Names: _____

Full Name: _____

Position / Title: _____

Mailing Address: _____

Telephone Number: _____

Driver's License Number / State: _____

Social Security Number: _____

Date of Birth: _____ Male / Female: _____

Formerly Used Last Names: _____

EDUCATION AND EXPERIENCE OF RESPONSIBLE MANAGERS:

Provide the education and experience for EACH person who is a responsible manager (which could include owners, officers, directors, etc). Make additional copies of this form as needed.

NAME OF PERSON: _____

EDUCATION: _____

Graduation Date from High School or GED Equivalent: _____

Name of College or University: _____

Educational Degree Received: _____

Graduation Date: _____

Name of College or University: _____

Educational Degree Received: _____

Graduation Date: _____

EXPERIENCE:

Name of Employer: _____

Address / Telephone of Employer: _____

Date of Employment: _____

Description of Work: _____

PROFESSIONAL EMPLOYER ORGANIZATION QUALIFYING QUESTIONNAIRE

To be completed by EACH owner, officer, director, responsible manager, persons having signatory authority over fiduciary funds and persons who have control of or a controlling interest in the PEO. Make additional copies of this form as needed.

Answer “**Yes**” or “**No**” for each question. Do not leave any questions unanswered.

1. _____ Has the applicant ever had a license, certificate, permit, or registration to practice in a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way, or is there any disciplinary action pending against the applicant by any licensing agency?
2. _____ Has the applicant ever been arrested for, charged with, pled guilty or no contest to, or been convicted of a misdemeanor or felony charge in any jurisdiction during the last 10 years? (Minor traffic offenses such as parking or speeding violations need not be listed but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.)
3. _____ Has the applicant ever filed for, or been subjected to an involuntary petition for, or been adjudicated bankrupt, or sought protection under the bankruptcy laws during the last 10 years?
4. _____ Has there been any judgement or is there any pending judgement entered against the applicant in any court during the last 10 years?
5. _____ Has the applicant ever been denied a bond, or had a bonding or surety company make a financial settlement on their behalf?
6. _____ Does the applicant have any outstanding unpaid past due bills, claims for salaries or wages, judgements, assessments, or tax liens.

If you answered “yes” to any of the above questions, enclose complete information with respect to all circumstances and the final result, if such has been reached.

Printed Name / Title of Person Completing Form: _____

Signature / Date of Person Completing Form: _____

AFFIDAVIT AND RELEASE AUTHORIZATION

To be completed by EACH owner, officer, director, responsible manager, persons having signatory authority over fiduciary funds and persons who have control of or a controlling interest in the PEO. Make additional copies of this form as needed.

I am the applicant described and identified in this application for licensure in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact. To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understands that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate the applicant's qualifications for licensure by the State of Utah, including the criminal history background performed by the Utah Bureau of Criminal Identification.

Printed Name / Title of Person Completing Form: _____

Signature / Date of Person Completing Form: _____

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PROFESSIONAL EMPLOYER ORGANIZATION FINANCIAL REPORT

PART I: To be completed by authorized officer of PEO

Name of PEO: _____

Address / Telephone: _____

License Number: _____

Occasion for Report:

_____ Initial Application for Licensure - Complete Parts I, II, IV, and V

_____ Request approval for the sale, transfer, or the entering into contracts for future payments as set forth in Utah Code Annotated Subsection 58-59-502(4) – Complete Parts I and II

_____ Quarterly Report – Indicate which quarter and complete Parts I and III

_____ Quarter Ending March 31, _____ (due June 30)

_____ Quarter Ending June 30, _____ (due September 30)

_____ Quarter Ending September 30, _____ (due December 31)

_____ Quarter Ending December 31, _____ (due March 31)

_____ Annual Report – Indicate which year and complete Parts I, II, IV, and V Annual Report for prior year ending: _____

I certify that, except as noted in the attached CPA finding and recommendations, and the actuary's findings, the PEO is in compliance with Utah Code Annotated Subsection 58-59-306, 58-59-310, 58-59-501 and 58-59-502 and has timely paid and is now current on all payroll taxes, workers' compensation premiums and employee benefit plan premiums or any other obligation of the professional employer organization due and payable as a result of the professional employer organization's contract with each of its client companies and we have disclosed complete and accurate records applicable to this report to the independent CPA and that the CPA's report including any findings and recommendations as listed are accurate.

Printed Name / Title of Authorized Officer Completing Form:

Address / Telephone of Authorized Officer Completing Form:

Signature / Date of Authorized Officer Completing Form: _____

PART II: To be completed by an independent Utah licensed CPA for initial application, annual report and for the approval for the sale, transfer, or the entering into contracts for future payments as set forth in Utah Code Annotated Subsection 58-59-502(4). For each “No” answer attach a detailed explanation.

In accordance with Utah Code Annotated Subsection 58-59-302 and 58-59-306, as an independent CPA, in our opinion, and in all material respects:

- (1) The PEO is properly registered with the Utah Division of Corporations and Commercial Code, the Utah Division of Workforce Information and Payment Services, the Utah State Tax Commission, and the Internal Revenue Service.

Yes _____ No _____

- (2) Employees leased by the PEO to client companies are covered by workers’ compensation insurance pursuant to Utah Code Annotated Subsection 34A-2-103.

Yes _____ No _____

- (3) The PEO has paid all federal, state, and local withholding taxes, unemployment taxes, FICA taxes, workers’ compensation premiums, and employee benefit plan premiums, if the PEO is currently doing business as a PEO.

Yes _____ No _____ Not Currently Doing Business as a PEO _____

- (4) The PEO is showing an adjusted net worth of \$50,000.00 or 5% of total adjusted liabilities, whichever is greater on an audited financial statement performed in accordance with standards established by the American Institute of Certified Public Accountants. A copy of the audited financial statements is included.

Yes _____ No _____

Printed Name of CPA Completing this Form: _____

Address / Telephone of CPA: _____

CPA License Number: _____ State: _____

Signature / Date of CPA: _____

Note: If the CPA is not licensed in Utah, please state what licensure exemption you are claiming:

Part III: To be completed by an independent licensed CPA for all quarterly reports. For each “No” answer attach a detailed explanation.

In accordance with Utah Code 58-59-306, as an independent CPA, in our opinion, and in all material respects: The PEO has paid all federal, state, and local withholding taxes, unemployment taxes, FICA taxes, workers’ compensation premiums, and employee benefit plan premiums.

Yes _____ No _____

Printed Name of CPA Completing this Form: _____

Address / Telephone of CPA: _____

CPA License Number: _____ State: _____

Signature / Date of CPA: _____

Note: If the CPA is not licensed in Utah, please state what licensure exemption you are claiming:

PART IV: To be completed by authorized officer of PEO, if insurance plan is self-funded or partially self-funded. In accordance with Utah Code Annotated Subsection 58-59-310

Does the PEO have a self-funded or partially self-funded insurance plan?

_____No _____ Yes If “Yes,” complete the following:

Attach a copy of the ERISA (Employee Retirement Income Security Act of 1974) summary disclosure of the employee summary plan description.

Direct a qualified actuary to complete Part V.

I certify that the PEO, if self-funded or partially self-funded, is in compliance with all state and federal laws and regulations pertaining to self-funded or partially self-funded insurance plans and that the self-funded or partially self-funded insurance plan is disclosed to each eligible employee.

Printed Name / Title of Authorized Officer Completing Form:

Address / Telephone of Authorized Officer Completing Form:

Signature / Date of Authorized Officer Completing Form: _____

PART V: If the PEO insurance plan is self-funded or partially self-funded, this section must be completed by an actuary who is a member in good standing of the American Academy of Actuaries for initial application, annual report and for the approval for the sale, transfer, or the entering into contracts for future payments as set forth in 58-59-502(8)(a) through (d). If the PEO is not in compliance, attach a detailed explanation.

As an actuary in good standing of the American Academy of Actuaries, and in accordance with Utah Code Annotated Subsection 58-59-310, I certify that:

1. The PEO self-funded or partially self-funded plan has purchased stop loss insurance as required in Utah Code Annotated Subsection 58-59-310(4)(a).

Yes _____ No _____

2. The PEO self-funded or partially self-funded plan has excess reserves held in its plan in the amount of 50 percent of its statutory liability held in the plan as required in Utah Code Annotated Subsection 58-59-310(4)(b).

Yes _____ No _____

3. The statutory liability of the plan is: _____

4. The run out of the plan is: _____

5. The change in life count is: _____

6. The medical trend is: _____

7. The amount of excess reserves is _____

8. I have attached an audited financial statement of the PEO's self-funded or partially self-funded plan dated as of the end of the PEO's latest fiscal year.

Yes _____ No _____

Printed Name of Actuary: _____

Address / Telephone Number: _____

Actuary Signature / Date: _____